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United Nations Population Fund

Country programme document for Equatorial Guinea

Proposed indicative UNFPA assistance:	$22.1 million: $2.1 million from regular resources and $20.0 million through co-financing modalities and/or other resources, including regular resources
Programme period:	Five years (2019-2023)
Cycle of assistance:	Seventh
Category per decision 2017/23:	Yellow

Proposed indicative assistance (in millions of $):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	0.3	13.5	13.8
Outcome 3	Gender equality and women's empowerment	0.5	3.0	3.5
Outcome 4	Population dynamics	1.0	3.5	4.5
Programme coordination and assistance		0.3	-	0.3
Total		2.1	20.0	22.1

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I. Programme rationale

1. In 2015, the population of Equatorial Guinea was estimated at 1,225,377 of which 47.6 per cent are women. The total fertility rate is high as each woman has on average 5.1 children during her reproductive life. The population is young (55.8 per cent are aged under 25 years and 37.1 per cent are aged under 15 years) and lives in urban areas (70.6 per cent).

2. Equatorial Guinea is an upper middle-income country with GDP per capita estimated at $8,333 in 2016 (World Bank). While the incidence of poverty has declined significantly in recent years (76.8 per cent in 2006 versus 43.7 per cent in 2011), unemployment has increased (15.9 per cent) because of the economic contraction observed since 2014. Unemployment particularly affects young people aged 15-24 years (33.2 per cent) and more young women (36.9 per cent) than young men (30.3 per cent). Income levels and human development are uneven across the country. In 2015, Equatorial Guinea had a Human Development Index score of 0.592, which positioned it in the medium human development category, ranking it 135 out of 188 countries.

3. The maternal mortality ratio has declined considerably but remains high (308 deaths per 100,000 live births in 2011 compared to 483 deaths per 100,000 live births in 2005). The proportion of births attended by skilled health personnel is low (68.3 per cent). Among women in union, the use of modern contraceptives is low (9.6 per cent). The national averages, however, conceal marked disparities. The proportion of births attended by skilled health personnel among the richest quintile was far higher than that of the poorest quintile (87.7 per cent versus 48.1 per cent). There is a large gap in contraceptive prevalence between women living in rural areas and those living in urban areas (7.5 per cent compared to 12.1 per cent). Overall, 33.8 per cent of women in union have an unmet need for family planning (FP). Adolescent and young girls have the highest unmet need for FP (37.2 per cent). No structured information is available about stock-outs of reproductive health (RH) commodities in the country. The HIV prevalence rate is among the highest in the region (6.2 per cent) with a severe discrepancy between male (3.7 per cent) and female (8.3 per cent) while the use of condoms is very low (4.4 per cent).

4. Adolescents and young people face several interrelated challenges. The adolescent fertility rate was 177 births per 1,000 women aged 15-19 years and 30 per cent of women aged 20-24 years were married before the age of 18 years. About 43 per cent of girls aged 15-19 years have already started their reproductive life and 37 per cent were already mothers; indicating very high levels of adolescent pregnancy and childbearing. Among young people aged 15-24, 3.1 per cent were HIV-positive with young girls five times more likely to be HIV-positive than young boys (5.0 per cent versus 1.0 per cent). Key contributing factors to this situation are the limited availability and access to adolescent- and youth-friendly services and comprehensive sexuality education (CSE). While boys and girls have equal access to primary education (69.7 per cent), more needs to be done in secondary and higher education where there is high dropout rate among girls. This is due to adolescent pregnancy and early marriages as shown by marked gender differences in school attendance in favour of boys, particularly in Annobón (59.4 per cent versus 40.6 per cent), Bioko-Sur (54.6 per cent versus 45.4 per cent), Centro Sur (53.3 per cent versus 46.7 per cent) and Kie-Ntem (53.2 per cent versus 46.8 per cent).

5. Considering the relative weakness of female representation in high-level decision-making spheres (Government: 13.3 per cent, Senate: 17.1 per cent; Parliament: 21 per cent), Equatorial Guinea still has some way to go to meet the gender sensitivity commitments set out in its national development plan. In terms of gender-based violence (GBV), 62.8 per cent of women aged 15-49 years have experienced violence by an intimate partner (DHS 2011). More than half (55.7 per cent) of young women aged 15-24 years believe that it is justified for a husband to beat his wife. Most women aged 15-49 years who are married or are in union (65.1 per cent) have suffered from emotional, physical and/or sexual violence by a husband or partner. In addition, physical violence during pregnancy (16.6 per cent) puts women at greater risk not only for their own health and survival, but also for the survival of the foetus.

Great results were achieved under the previous country programme. These include but are not limited to the conduct of the fourth census, the acquisition of commodities and medical equipment and distribution to all health facilities in the country, the elaboration of the law against GBV, the traditional marriage law and the multisectoral action plan of the national policy on women's empowerment and gender equality. The lessons learned inform on: the commitment of the Government in funding programmes, despite delayed disbursements, contributed significantly to implement strategies; more advocacy is required to engage authorities in operationalizing at national level regional and international human rights conventions and treaties to which the country is signatory.

II. Programme priorities and partnerships

6. The country has contributed by funding at least 70 per cent of the budgets of UNDAF/country programmes between 2013 and 2018. The ability of the Government to maintain this commitment will very much depend on the economic environment in the country. Until now, oil and gas represent at least 85 per cent of the revenues of the country and 98 per cent of exports. This means the economy is sensitive to changes in commodity prices which can represent an opportunity or a risk. Also mobilizing resources beyond government cost-sharing or domestic resources will continue to be a challenge to the sustainability of the country programme. Thus, there is a need for a broader, more creative approach to partnerships to support government efforts to harness available financing options.

7. The design of this programme uses a participatory approach and builds on findings and lessons learned from the previous cycle. The programme is aligned with national priorities, namely the National Plan for Economic and Social Development (PNDES 2020), the UNDAF 2019-2023, the 2030 Agenda for Sustainable Development, the African Union Agenda 2063, and the ICPD Programme of Action. It covers all eight provinces and 19 districts of the country.

8. It will contribute to achieving universal access to sexual and reproductive health (SRH), realizing reproductive rights, and reducing maternal mortality to accelerate progress on the ICPD agenda. The programme will improve the lives of the most left behind adolescents, youth, and women, by leveraging population dynamics, and supporting human rights and gender equality. It aims to achieve the high-level results of the 2018-2021 Strategic Plan, with an emphasis on achieving zero unmet need for FP and preventable maternal deaths, in particular for young people by 2030.

9. The programme will support country efforts to create sustainable, inclusive economic growth and shared prosperity with an overarching principle of leaving no one behind. It will prioritize upstream high-level interventions based on human rights and equity with policy engagement and advocacy and joint areas of collaboration with United Nations organizations. It will prioritize enhancing institutional capacities and developing human capital including through South-South and triangular cooperation developing innovative and sustainable solutions, building a knowledge base for facilitating policy dialogue, establishing a broad range of partners and alliances to advance sexual and reproductive health and rights (SRHR) as an integral part of the national sustainable development agenda.

10. The absence of a national statistical culture means that improvements are needed in timely quality data production, analysis, dissemination, availability and utilization within the national statistical system. This will strengthen evidence-based and risk-informed decision-making, and enable effective planning, implementation, monitoring and evaluation of the SDG-based development frameworks at both the local and national levels.

A. Outcome 1: Sexual and reproductive health

11. *Output 1: Strengthened human resources for health and national capacities to provide quality integrated RH information and services, particularly for adolescent and young people including in humanitarian settings*. Through a holistic and integrated approach and multisectoral interventions, this output will be achieved by: a) building the capacity of public sector stakeholders and civil society organizations to plan and

implement activities aimed at increasing the demand for and use of RH services; b) building the capacity of health facilities to offer a comprehensive package of integrated RH services including essential services package to victims of GBV; c) developing and implementing a training plan for health professionals, especially midwives, according to international standards; d) advocating for the improvement of the human resources for health policy with a focus on ensuring the availability of relevant staff at all levels of the health system; e) strengthening institutional capacities to develop and implement CSE programmes both in and out of school settings; f) providing technical support to government to scale up adolescent- and youth-friendly SRH services, including HIV-related information and services, and ensuring that young people have access to them through a strategy of demand generation.

12. *Output 2: Strengthened national capacities to quantify, procure, distribute and effectively monitor the provision of SRH commodities for the sustainability of the supply chain system*. This will be achieved by: a) developing and implementing a plan to improve RH commodity supply chain management, including a sound logistics information system, based on the results of the last RH commodity security assessment; b) developing and implementing a training plan for relevant staff in supply chain management with a focus on last mile distribution; c) setting up an efficient RH commodity procurement system that ensure right quantity, right quality and right price; and d) advocating for the budgeting and allocation of funds for commodity procurement and an effective logistics system.

B. Outcome 3: Gender equality and women's empowerment

13. *Output 1: Strengthened national capacities to advance gender equality and empower women and girls to exercise their reproductive rights and to be protected from GBV and harmful practices*. The programme will promote implementation of a comprehensive programme to respond to the high levels of GBV in the country. This output will be achieved by: a) conducting evidence-based advocacy to strengthen policy and legal frameworks that address GBV including sexual violence; b) strengthening intersectoral referral mechanisms among health, police and justice, to ensure effective and coordinated responses to GBV, particularly sexual violence; c) building capacities to implement programmes and protocols for the prevention of GBV and care for those affected; and d) promoting advocacy and policy dialogue that focus on the development, implementation, improvement and reform of legal frameworks (legislation, policies and strategies) to advance women and girls empowerment and safeguard the sexual and reproductive rights of adolescents and young people.

C. Outcome 4: Population and development

14. *Output 1: Strengthened national data systems and improved demographic intelligence to enable identification and planning for those left behind including in humanitarian situations*. This will be achieved by: a) strengthening the national statistical system to produce, analyse, disseminate and use high-quality and timely population data, including: monitoring levels of GBV and population estimates for disaster preparedness and response; b) developing and implementing an advocacy and communication strategy on civil registration and vital statistics; c) setting up the metadata and baselines of key national indicators for the monitoring and evaluation of SDG-based development policies and programmes; d) supporting the national statistical system in the use of innovative combined estimation methods to map and address inequalities at the sub-national level and for localizing the SDGs; e) developing and implementing a multi-year study and research agenda to support national efforts to overcome data and evidence deficiencies and produce high-quality policy-oriented reports; f) supporting the Government to implement the road map on harnessing the demographic dividend through investments in youth; g) promoting the creation of platforms and strengthening capacities of youth networks to engage young people in policy dialogue, programme development and community resilience building; and h) establishing functional national integrated management information systems, including health information systems.

III. Programme and risk management

15. This country programme document outlines the UNFPA contribution to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures and the internal control framework. The Government of Equatorial Guinea and UNFPA will jointly coordinate, plan, implement, monitor and review the country programme, using a results-based management approach in line with the programme accountability framework. National execution will be the main implementation modality through government and non-government partners who will be assessed based on their ability to deliver high-quality programmes. The risk of insufficient implementation capacity will be mitigated by using the harmonized approach to cash transfers procedures, including a macro assessment of the public financial management system and micro assessments of implementing partners. Emphasis will be placed on strengthening inter-agency coordination and joint programming as well as on integrated, flexible and innovative joint planning and monitoring, evidence-based results reporting and communication, and applying lessons learned.

16. UNFPA will develop and implement an integrated resource mobilization, partnership and South-South cooperation plan to spur innovation and engage the Government, donors, civil society and the private sector to generate and leverage resources towards achieving the expected results. UNFPA will play a key role in partnership building and resource mobilization in support of United Nations system joint programmes such as those that seek to harness the demographic dividend.

17. All units of the country office will work as one integrated programme and operations team representing an appropriate skills-mix for efficient programme delivery. The country office will continue to operate with one main office and two sub-offices. In collaboration with partners, it will put in place an internal programme coordination and oversight results team to oversee implementation, provide assurance on the harmonized approach to cash transfers, and to guide programme monitoring and quality assurance. This will include risk monitoring, mitigation and management.

18. The programme will be delivered with the high-quality technical, operational and programmatic support of UNFPA staff at the country, regional and headquarters level, and will leverage South-South and triangular cooperation.

19. In the case of humanitarian situations, programme funds will be redirected to respond to the needs of the most affected populations.

IV. Monitoring and evaluation

20. UNFPA, with the Government will systematically carry out quarterly and annual programme reviews with the active participation of stakeholders. UNFPA, jointly with partners, will conduct field monitoring visits to assess the progress of workplan implementation and results achieved which will ensure accountability. The country programme performance indicators have been derived from the monitoring and evaluation framework of the National Socioeconomic Development Plan, PNDES, UNDAF, SDGs indicators and UNFPA Strategic Plan 2018-2021. Milestones will be recorded to facilitate programme monitoring.

21. To fill data gaps that can compromise progress monitoring, UNFPA will provide high-quality support to the Government which, through the National Institute of Statistics of Equatorial Guinea (INEGE) and the Ministry of Health and Social Welfare (MINSABS), will conduct the second and third demographic and health surveys in 2019 and 2023, respectively, and establish functional integrated management information systems.

22. The monitoring and evaluation system of the programme is aligned with the national system and UNDAF mechanisms and includes a set of periodic evaluations that

take place annually, midterm and at programme end. These enable in-programme adjustment, assessment of programme achievements, and an identification of best practices, lessons learned and challenges that can feed into the design and management of future programmes. UNFPA will develop and implement a monitoring and evaluation plan in line with the national data management, monitoring and reporting systems to increase the availability of quality data, information and evidence for improved SDG-based policy and programme analysis and planning. At least 5 per cent of the country programme budget will be allocated for the effective implementation of the monitoring and evaluation plan. UNFPA will work with other United Nations organizations, multilateral and bilateral partners to strengthen national capacities and systems for improving monitoring, measurement and reporting.

RESULTS AND RESOURCES FRAMEWORK FOR EQUATORIAL GUINEA (2019-2023)

National priority: Significantly strengthen human capital and improve the quality of life of every citizen
UNDAF outcome 1.1: By 2023, the population of Equatorial Guinea access improved health, drinking water, sanitation and education services in an inclusive manner, with equity and the achievement of gender equality.
Indicator: Proportion (%) of births attended by skilled health personnel *Baseline (2011)*: 68.3; *Target (2023)*: 90.0

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
Outcome 1: Every woman, adolescent and youth everywhere, especially those left furthest behind, has utilized integrated SRH services and exercised reproductive rights, free of coercion, discrimination and violence Outcome indicator(s): • Percentage of women of reproductive age (aged 15-49 years) who have their need for FP satisfied with modern methods *Baseline*: 20.6; *Target*: 40.0 • Percentage of births attended by skilled health personnel *Baseline (2011)*: 68.3; *Target (2023)*: 90.0	Output 1: Strengthened human resources for health and national capacities to provide quality integrated RH information and services including maternal health, FP, adolescent and youth reproductive health, sexual transmitted infection/HIV prevention and care and the care of victims of GBV, especially for vulnerable populations, including in emergency and humanitarian situations	Output indicators: • Number of essential SRH services which are included as part of risk pooling and prepayment schemes *Baseline*: 2; *Target*: 8 • Number of public health facilities that provide emergency obstetric and newborn care *Baseline*: 6; *Target*: 12 • Number of health facilities providing integrated adolescent- and youth-friendly health services *Baseline*: 0; *Target*: 8 • School-based CSE curricula operationalized in accordance with international standards *Baseline*: No; *Target*: Yes	MINSABS; Ministry of Information, Press and Radio (MINIFOR); Ministry of Social Affairs and Gender Equality (MINASIGE); Ministry of Education, University Teaching and Sports (MEEUD); Ministry of Finance, Economy and Planning (MINHEP); UN System; BIRIAELAT; Igualdad y Derechos Humanos de la Mujer en Africa (IDHMA); Noble Energy; Marathon Oil; Federación de Religiosos para la Salud (FERS); China; Cuba; Spain	$10.8million ($0.3 million from regular resources and $10.5 million from other resources)
	Output 2: Strengthened national capacities to quantify, procure, distribute and effectively monitor the provision of SRH commodities for the sustainability of the supply chain system	Output indicators: • Number of district health facilities with relevant staff trained in supply chain management with a focus on the last mile distribution *Baseline*: 0; *Target*: 60 • Total couple-years of protection for contraceptives procured by UNFPA, including condoms *Baseline*: 12,017; *Target*: 96,000 • A functional logistics management information system for forecasting and monitoring essential medicines and supplies, including SRH commodities *Baseline*: No; *Target*: Yes	MINSABS; MINASIG; MINHEP; UN System; Noble Energy; UNFPA Copenhagen; UNFPA CSB/TD	$3.0 million ($0.0 million from regular resources and $3.0 million from other resources)

National priority: Build a diversified, private sector-based economy for inclusive sustainable development **UNDAF outcome 1.2:** By 2023, Equatorial Guinea has a sustainable social protection system that meets the needs of people in vulnerable situations through a normative and regulatory framework with multisectoral programmes and projects **Indicator**: A national Social Protection System is developed and implemented through multisectoral programmes and projects *Baseline:* No; *Target:* Yes				
Outcome 3: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings Outcome indicator(s): • Percentage of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months *Baseline*: 65.1; *Target*: 32.5	Output 1: Strengthened national capacities to advance gender equality and empower women and girls to exercise their reproductive rights and to be protected from GBV and harmful practices	Output indicators: • Number of laws, policies and regulations on protection of women and girls' reproductive rights, GBV and child marriage, alignment with international human rights standards *Baseline*: 2; *Target*: 5 *(Fundamental Law; National policy on women's empowerment and gender equality and its multisectoral action plan)* • Number of CSOs that develop advocacy platforms, with support from UNFPA, to eliminate discriminatory gender and sociocultural norms that affect women and girls *Baseline*: 1; *Target*: 5 *(IDHMA)*	MINASIG; MINSABS; MEEUD; MINHEP; MININFOR; UN System; Noble Energy, IDHMA…	$3.5 million ($0.5 million from regular resources and $3.0 million from other resources)
National priority: Establish quality governance in the service of the citizen **UNDAF outcome 3.2:** By 2023, State institutions have an efficient public management based on norms, procedures, programmes and reliable data on public and economic policies that strengthen the effective participation of CSOs in the processes **Indicator**: The thematic data analysis conducted for the fourth 2015 Census *Baseline:* No; *Target:* Yes				
Outcome 4: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development Outcome indicator(s): • The national vision 2020 and beyond is informed by the outputs of the national data system, including the findings of research studies and the thematic analysis of the 2015 census and the upcoming second and third demographic and health surveys (EDSG-II & III) *Baseline*: No; *Target*: Yes	Output 1: Strengthened national data systems and improved demographic intelligence to enable identification and planning for those left behind including in humanitarian situations	Output indicators: • Number of research studies conducted for evidence gathering on emerging issues in SRH, maternal and neonatal health, GBV and demographic dividend *Baseline*: 0; *Target*: 5 • EDSGE II&III conducted, analysed, published and disseminated in 2019 and 2023 *Baseline*: No; *Target*: Yes • Health Information System and Integrated Management Information System available, functional and updated *Baseline*: No; *Target*: Yes	INEGE; MINSABS; MINHEP; UN System; CELADE/ECLAC; AfriYAN	$4.5 million ($1.0 million from regular resources and $3.5 million from other resources)